Under the Peperwork Reduction Act of 1995, no persons are required to respond to a pollection of information unifers & displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Applation or Doctor Humber 09/986,907 Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PARTI OTHER THAN (Column 1) SMALL ENTITY (Caimin 2) OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE (\$) FEE (1) RATE (1) BASIC FEE FEE (\$). NA (37 CFR 1 16(4) (6) # (6)) N/A t-UA 150.00 NIA 300.00 SEARCHFEE N/A 137 CFR 1 16(W. H. or [m] N/A NA \$250 NIA \$600 EXAMINATION FEE : NVÀ N/A (37 CFR 1 16(0). (p), or (q)) NA \$100 NA \$200 TOTAL CLAIMS (37.CFR 1 16(0) X\$ 25 minus 20 . X\$50 OR INDEPENDENT CLAIMS X100 (37 CFR 1 16(N)) **C tunim** X200 If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$128 for small entity) for each 137 CFR 116(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/11 +180= +360= * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 1) (Column 31: OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-RATE(\$) 106 ADDI: AFTER MENOMENT PREVIOUSLY EXTRA TIONAL TIONAL FEE (1) PAID FOR FEE (1) PI CIA LINIO Minus X\$ 25 X\$50 OR Minue X100 X200 **Ø**€ Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING. PRESENT NUMBER RATE (\$) ADDI-RATE (\$) AFTER. ADOI-PREVIOUSLY EXTRA TIONAL TIONAL PAID FOR FEE (\$) FEE (\$) Total Minus X\$ 25 **MONDER** X\$50 ÖR Indipendent . Minus X100 X200. OR Application 6120 F40 (37 CFR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CFR 1.160) +180a +360z OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE . If the entry in column 1 is less than the entry in column 2, write "I in column 3. If the entry in column 1 is less than the entry in column 2, write "V in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piccess) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

In the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

It is "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

It is "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

It is "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

It is "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, buding pathedry, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of little you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 1 Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.